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Applicants : Frank Neely

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For : ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR  
PRODUCTION

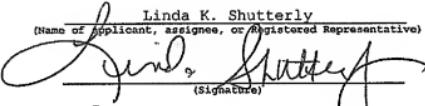
I hereby certify that this correspondence is being transmitted via  
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February 21, 2008

(Date of Transmission)

Linda K. Shutterly

(Name of applicant, assignee, or Registered Representative)

  
(Signature)

February 21, 2008

(Date of Signature)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Pursuant to 37 C.F.R. §1.56 and in accordance with 37 C.F.R. §§1.97-1.98, information relating to the above-identified application is hereby disclosed. Inclusion of information in this statement is not to be construed as an admission that this information is material as that term is defined in 37 C.F.R. §1.56(b).

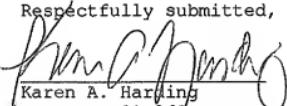
Applicant(s) reserve(s) the right to establish the patentability of the claimed invention over any of the information provided herewith, and/or to prove that this information may not be prior art, and/or to prove that this information may not be enabling for the teachings purportedly offered.

This statement should not be construed as a representation that a search has been made, or that information more material to the examination of the present patent application does not exist.

In accordance with §1.97(b), since this Information Disclosure Statement is being filed either within three months of the filing date of the above-identified national application (other than a continued prosecution application under §1.53(d)), within three months of the date of entry into the national stage of the above identified application as set forth in §1.491, or before the mailing date of a first Office Action on the merits of the above-identified application, or before the mailing date of a first Office Action after the filing of a request for continued examination under §1.114, no additional fee is required.

Copies of only foreign patent documents and non-patent literature are enclosed in accordance with 37 CFR 1.98 (a) (2).

Please charge any deficiency or credit any overpayment to Deposit Account No. 10-0750/VTN0568USCIP1/KAH. This form is submitted in triplicate.

Respectfully submitted,  
  
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DATED: Feb 21, 2008